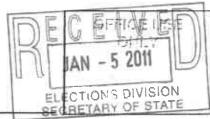
### **CANDIDATE REPORT OF 2007**



	RECEIPTS AND DISBU	IRSEMENTS   U U	
Name of Candidate	immy G. Puckett	ELI SEG	CTION'S DIVISION BETARY OF STATE
Address 508	8th St. 50 Amory, M	5 3882 ( County M	
Telephone (Work)	[1	56-9423 (ESE) 662	
, , , , , , , , , , , , , , , , , , , ,	my G. Puckett Email Ad		
		J 1	
Office Sought M:5515	sippi House Seat 20	Political Part	y Democratic
Check here if above	e is different from previous report		
	TYPE OF REPORT OF CHECK THE CATEGORY OF REPORT		
May 10, 2007	Periodic Report (January 1, 2007, thro	ugh April 30, 2007)	Mandatory
June 8, 2007	Periodic Report (May 1, 2007, through	May 31, 2007)	Mandatory
July 10, 2007	Periodic Report (June 1, 2007, through	n June 30, 2007)	Mandatory
July 31, 2007	Pre Election Report (July 1, 2007, thro	ugh July 28, 2007)	Primary Candidates
August 21, 2007	Pre Election Report (July 29, 2007, thr	ough August 18, 2007)	Runoff Candidates
October 10, 2007	Periodic Report (July 29, 2007 through	September 30, 2007)	Mandatory
October 30, 2007	Pre-Election Report (October 1, 2007,	through October 27, 2007)	Mandatory
November 13, 2007	Pre-Runoff Report (October 28, 2007,	through November 10, 2007	)Runoff Candidates
January 10, 2008	Periodic Report (October 28, 2007, three	ough December 31, 2007)	Mandatory
Termination Report expenditures and	Candidate will no longer accept contribut has no outstanding campaign debt or o		equired to terminate porting obligations
(2) Until a candidate files a termination  (3) The appropriate office must be in office must be in actual receipt of the contributions in excess of \$200 m.	IMPORTANT wen if no contributions or expenditures have occurred fluitions and expenditures during this period. on report, simual and periodic reports must still be Sic actual receipt of the required reports by 5:00 p.m. on the required reports by 5:00 p.m. on the first working scelved after the reporting period but more than 48 ho of the contribution. Use separate form "46 Hour Rapo	d in accordance with Miss. Code Ann the reporting day. If the deadline falls day before the deadline. Face of the	. \$ 23-15-807 (b) (ii) and (iii). on a weekend or a holiday, the ts are acceptable.
	REPORTED CONTRIBUTIONS	AND DISBURSEMENTS	Beginning Balance 1-
	(itemized + non-itemized)	Total This Period	€ 1213.75 Calendar year-to-date
tal amount of contributions \$	9400.00	\$	• Paragraphy
al amount of disbursements \$	680.00 +\$ 1013.00	\$	\$ 1400,00
	Total amount of cash on han		1693.00
i certify that I have ex	amined this report and to the best of my knowledge		and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-16-811 and 813 (1972).

SEND TO:

- 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Eric Clark, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SS07-01

			0	Page		f 2
Name of Candidate or C	ommittee _	Jimmy	Pucket		·	
Reporting period	Jan 1	, 201 Othrough	Dec 31,2	010		
	ITE	MIZED	RECÉI	PTS		

A. Source:   ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	Date	Amount of each	
☐ Other (please specify)	(Mo., Day, Year	receipt this period	
Full name MS Devita 1 PAC		. \$	
Malling Address 2630 Ridgewood Rd		\$	
City, State, Zip Code  Jackson, ms. 39216		\$	
Name of Employer (Required) MS DENTAL PAC		\$	
Occupation (Required) PAC	Aggregate year-to-date	\$ 500.00	
B. Source: D Corporation & PAC D Individual D Loan		Amount of eac	
□ Other (please specify)	(Mo., Day, Year)		
MAE-PAC		\$	
600 Hogan St.		\$	
Star Kville, MS. 39759		\$	
Ms. Agents & Employer (Required)		\$	
Occupation (Required)	Aggregate year-to-date	\$ 500,00	
Source: Corporation & PAC   Individual   Loan		Amount of each	
Ci Other (please specify)	(Mo., Day, Year)	receipt this period	
alling Address		\$	
175 E. Copital St		\$	
Juckson, ms. 39201	_1_1	\$	
ame of Employer (Required)  ATT MSPAC		\$	
PA C	Aggregate year-to-date	\$ 700.00	
Source: Corporation PAC Individual Loan		Amount of each	
Other (please specify)	(Mo., Day, Year)	receipt this period	
lling Address		\$	
v. State. Zin Code	:	\$	
Jackson, ms			
supation (Required)  Fin Syrance + Financial Advisor PA (	'!	;	
PA C	Aggregate (		

Pa	de	 of	

Name of Candidate or Co	mmittee	Jim.	my Puc	Kett		
Penarting period		1,2010	through	Dec	31,2010	

# ITEMIZED DISBURSEMENTS

WAFM Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 458		S
City, State, Zip Code Amery, MS. 3882/		s
Purpose of Disbursement (Optional)  Ads to support schools & Sports	Aggregate Year-to-date	\$ 680.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S

Page	_2	of	2
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Name of Candidate or Co	mmittee	Jimna	Ruc	Kott	
Reporting period	Jan 20	10 throu	ıgh _	Dec	2010

## ITEMIZED RECEIPTS

A. Source:   Corporation PAC Prindividual Loan  Other (please specify)	Date (Mo., Day, Ye	Amount of each receipt
_ Jimmy Puckett	_1_1	\$
508 8th St. 50	1 1	\$
City, State, Zip Code Amory, M5, 38821		\$
Name of Employer (Required)	<del>  - : - : - : - : - : - : - : - : - : - </del>	\$
Occupation (Required)	Aggregate	S 2/
B. Source:   Corporation  PAC B Individual  Loan	year-to-date	\$ 4000.00
Other (please specify)  Full name	Date (Mo., Day, Yea	Amount of each
Malling Address		\$
508 8th St. 50	11_	\$
Amory M5. 2001		\$
Occupation (Required)  Retire 1 - Spusse of shall	#	\$
Retired	Aggregate year-to-date	\$ 2000.00
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	year-to-date	
☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Mailing Address		\$
City, State, Zip Code County Barn Rd		\$
Name of Employer (Required) 11 - 13883	'	\$
Occupation (Required) father of Jimny Pucket		\$
D. Source:   Corporation   PAC   Individual   Loan	Aggregate year-to-date	\$ 2000.00
Other (please specify)	Date (Mo. Day V	Amount of each receipt
uli name	(Mo., Day, Year)	this period
falling Address	_'_'_	\$
ity, State, Zip Code	_'_'_	\$
ame of Employer (Required)	_'_'_	\$
ccupation (Required)		\$
	Aggregate year-to-date	\$